



Last Updated: 03/09/2022

New Expedited Managed Care Enrollment Process for Medallion 3.0 Enrollees

What's Changing:

In an effort to ensure that newly eligible Medicaid individuals have quicker access to the managed care delivery system, the Department will shorten the period of time between an individual being identified as Medicaid eligible and that individual's enrollment into a managed care organization (MCO). We anticipate that this new process will help reduce disruptions of care by minimizing the movement of individuals between the fee-for-service and the managed care delivery systems.

Purpose of the Change:

Shortening the enrollment period expedites access to primary care, care coordination and disease management services, 24 hour nurse advice lines, and access to specialty care. This is especially important for members with chronic health conditions, pregnant women, and children in foster care. Providers should notice less disruption in administrative functions such as billing and authorizations resulting from eligibility changes.

Effective Date:

The new expedited enrollment process will be effective August 1, 2014 and will affect Virginia Medicaid individuals who are eligible to be enrolled in the managed care delivery system (Medallion 3.0). For more information on individuals eligible to enroll in managed care, visit the managed care webpage at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx. Maximus, the contracted Enrollment Broker, will continue to handle enrollment broker services, including enrollment into health plans, inquiries about the plans or doctors who participate. This change will not affect the enrollment process for individuals eligible for FAMIS or for the Commonwealth Coordinated Care (dual eligible) program.



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Example of Current Enrollment Process vs. New Expedited Enrollment Process:

Current Process: {example takes 55 days} <ul style="list-style-type: none">• 07/07: Individual determined to be Medicaid eligible• 07/07: DSS enters eligibility information into system• 07/18: 15-45 days after eligibility entered into system pre-assignment takes place• 07/18: All individuals are pre-assigned to a MCO• 07/28: Individuals notified by letter with pre-assigned MCO• 08/16: Individual must call to make selection by deadline - No call = Enrollment into pre-assigned MCO• 09/01: Effective date of MCO enrollment	Expedited Process: {example takes 25 days} <ul style="list-style-type: none">• 08/07: Individual determined to be Medicaid eligible• 08/07: Letter sent to individual with MCO enrollment date, if eligible• 08/11: Individual contacts Enrollment Broker with selection - effective 09/01• 08/18: Managed care eligibility confirmed and individual assigned to MCO, if one not previously selected• 08/21: Assignment letter mailed with MCO effective date of 09/01• 08/31: Newly enrolled individual has until last day of the month to change MCOs effective for 09/01• 09/01: Effective date of MCO enrollment
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Other Changes:

- Individuals who move to a different region will no longer be disenrolled from their health plan if their current MCO participates in the new region. The member will receive a letter indicating they have a choice of plans in their area.
- Individuals who lose Medicaid eligibility will be re-enrolled back in the same MCO if eligibility is re-instated between 19th and end of month.
- Newly enrolled individuals will have until the last business day of the month to change MCOs, effective the first day of the next month.



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Eligibility Verification:

Currently, providers may verify the individual's managed care eligibility after the 19th of the month for services to be rendered the following month. Under the Expedited Enrollment Process, individuals will be allowed to change MCOs up until the last business day of the month for an effective date of the first day of the next month. Therefore, providers participating in Medicaid and/or the Medicaid managed care health plans are **strongly encouraged** to verify eligibility via MediCall, ARS, or via the MCO before services are rendered.

In a limited number of cases, an individual may need to obtain prescription medications, however they may not have their new MCO ID card. When the pharmacist enters the Medicaid ID number, they will receive an error message indicating that the person is in an MCO. Pharmacists should verify plan enrollment via MediCall or ARS and then contact the assigned health plan for instructions to complete the transaction. Conversely, if the pharmacist contacts the MCO and receives a denial, they should contact MediCall or ARS to verify eligibility.

MediCall and ARS and Web-based Eligibility:

Providers may call MediCall at **800-884-9730 or 800-772-9996** to verify eligibility. The MediCall line will give member eligibility, special indicator codes, Managed Care Program assignment (including coverage dates), and MCO name.

MediCall is operational 24 hours a day, 365 days a year. Although MediCall is designed to be accessed by touch-tone phone, dial phone may be used. A live operator is available 8:30 a.m. to 4:30 p.m. Information required to use MediCall includes your National Provider Identifier (NPI) number or your Atypical Provider Identification (API) number, the Member Medicaid ID number OR the Social Security Number and date of birth, and the From and Through date(s) of service--a single date or dates spanning not more than 31 days. Providers also may check reimbursement, check status inquiry, and claims status inquiry from the most recent three remittances.

DMAS offers a web-based Internet option to access information regarding Medicaid or



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FAMIS member eligibility, MCO enrollment, claims status, checks status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov.

MCO Provider and Pharmacy Contact Information

Plan	Provider Services Contact	Pharmacy Contact
<i>Anthem HealthKeepers Plus</i>	1-800-901-0020 www.anthem.com	Express Scripts Help Desk: 1-800-662-0210 Anthem HealthKeepers Plus Member Services Line - 1-800-901-0020 Provider Services Line for PAs - 1-800-310-3666 Provider Services FAX Line for PAs - 1-800-601-4829
<i>CoventryCares of Virginia</i>	1-800-449-1944 www.directprovider.com	Pharmacy Services Help Desk 1-800-378-7040 Formulary Exception Requests Pharmacy Call Center Phone 1-877-215-4100 FAX - 1-855-799-2553
<i>INTotal Health</i>	1-855-323-5588 www.intotalhealth.org	INTotal Health Pharmacy Department Provider phone - 1-855-323-5588 Provider FAX - 1-855-762-5205
<i>Kaiser Permanente</i>	1-800-810-4766 (claims status, referral /authorizations, member eligibility) 1-877-806-7470 (provider contract or participating status) http://providers.kp.org	Pharmacy Service Help Desk 1-800-788-2949 Pharmacy service authorization requests should be faxed to - 1-866-331-2104



Department of Medical Assistance Services
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<https://dmas.virginia.gov>

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<i>MajestaCare-A Health Plan of Carilion Clinic</i>	1-866-996-9140 www.MajestaCare.com	Phone: 866-996-9140 Pharmacy service authorization requests and medical records should be Faxed to - 855-321-9628. The pharmacy service authorization form is available on the website at - CVS Pharmacy Help Desk - 1-855-364-2971
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<i>Optima Family Care</i>	1-757-552-7474 or 1-800-229-8822 www.optimahealth.com	Catamaran Help Desk 1-866-244-9113 Optima Pharmacy Department 1-800-229-5522 Optima Pharmacy Department FAX - 1-757-552-7516 or 1-800-750-9692
<i>Virginia Premier Health Plan, Inc.</i>	Tidewater - 1-800-828-7989 Richmond/Central/Western - 1-800-727-7536 Roanoke/Danville/Lynchburg - 1-888-338-4579 Southwest - 1-888-285-8963 www.vapremier.com	EnvisionRxOptions ENVISION's Member/Pharmacy/Medical toll- free helpline - 855-872-0005 Physician PA FAX line - 877-503-7231



COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new initiative to coordinate care for individuals who are currently served by both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.



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VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices.

Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772- 9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area
	and out-of-state long distance
1-800-552-8627	All other areas (in-
	state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.